

INCOME DISTRIBUTION REQUEST FORM

Colony NorthStar

Please Print or Type IMPORTANT INFORMATION

Each alternative investment has specific rules around income distributions, please review

Step 1: IRA OWNER INFORMATION

the terms and conditions outlined within the specific product prospectus for details. This form is not for withdrawal requests.

Forward To: First Trust Retirement, c/o SS&C Regular Mail Overnight Delivery PO Box 219923 Mail Stop: Colony NorthStar Kansas City, MO 64121-9923 430 West 7th Street 855-387-3847 Kansas City, MO 64105-1407

IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)
Address	City/State/Zip	Email	Phone Number
Step 2: PRODUCT SELECTION			
☐ NorthStar Healthcare Income, I	nc.* \square N1 Liquidating T	rust* 📙 I	NorthStar/Townsend Institutional Real Estate Fund
*Income distributions for NorthStar are p	processed in accordance with their respective	distribution programs and are subject	to availability. Please review their
prospectuses for frequency and availabili	ty details or call NorthStar at 877-940-8777.		·
By submitting this form I am requesti	ng First Trust Retirement to pay out my i	ncome distributions. Please select	distribution type in step 3 and payment method
Step 4.			
To participate in the Distribution Rein	ovestment Plan (DRP) it must be indicate	d on the applicable Subscription As	reement or product sponsor update form.
Step 3: INCOME DISTRIBUTION INSTR		a on the approach subscription re	recinent of product sponsor apadic form
☐ Traditional IRA	☐ Roth IRA	☐ SEP IRA	☐ Beneficiary IRA
Premature Distribution (Accoun	nt holder must be under age 59 ½ - IRS per	nalty applies unless rollover occurs v	vithin 60 days)
Premature Exempt Distribution	(Including Permanent Disability, SEPP, an	d other identified 72 (t) qualified ex	ceptions. (Documentary evidence required)
Normal Distribution (Account h	older age 59 ½ or over)		
Death Distribution (If not alread	dy in a Beneficiary IRA; Must provide a cer	tified copy of the account holder's [Peath Certificate)
IRA Trustee to Trustee Transfer	Please note that if requesting an IRA Tru	stee transfer you need to contact t	he accepting custodian and complete their
	Aedallion Signature Guarantee stamp ma	y be required on their transfer forn	1.
Step 4: PAYMENT METHOD			
Taxable Options:			
	surrently on file (Signature Guarantee requ	, ,	
_		iired for new instructions. Signature	Guarantee required if adding bank within 30 days
Mail check to a third party	isted below.		
Non-Taxable Options:			
☐ Deposit cash into my Undirected Cash Account			
Transfer my income distrib	utions to the custodian listed below as a T	rustee to Trustee Transfer	
			todian OR must include the custodian's signed
Letter of Acceptance. This	custodial sign off is only required at time	of distribution establishment. Plea	se note that this form cannot be notarized.
Payee or Account Name			
. 4,00 0. 1.0004			
Account Number			
Street Address			
City State 9 7ID		C:-	nature Guarantee
City, State & ZIP		■ 31	nature Guarantee



Step 6: SIGNATURE REQUIRED

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Step 5: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4/OMB No. 1545-0415)

* Except for a distribution from a Roth IRA or for a return of excess contribution.

In compliance with the "Tax Equity and Fiscal Responsibility Act," First Trust Retirement, as custodian, is required to withhold Federal Income Tax from all IRA distributions. You may exercise your right to elect not to have funds withheld. This election will be in effect until you change it. You may change or revoke this election at any time and as often as you wish. You may elect out of this withholding by checking the appropriate box below. Please note that penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

If no election is made, First Trust Retirement is required to withhold 10% Federal Income Tax. State Income Taxes cannot be withheld from your distribution.

Do not withhold taxes.

Withhold

% from the amount withdrawn (must be at least 10%).

By signing below, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my IRA as instructed above.

Date

IRA Owner Signature(or other authorized person*)
* If signing as Power of Attorney, valid POA documents must be included.